MEDICAID AND YOU

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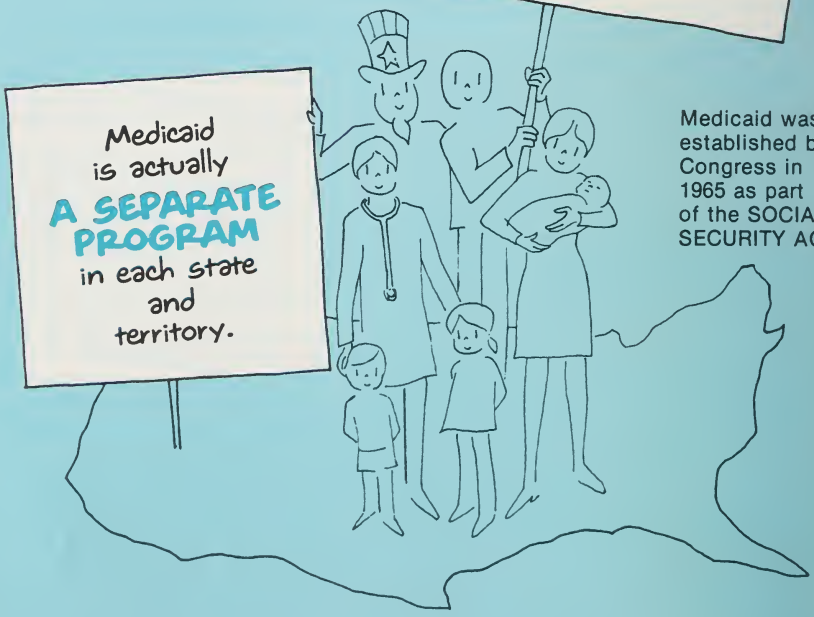
What's MEDICAID?

It's a program which **PAYS MEDICAL BILLS** for low-income people who CAN'T AFFORD the costs of medical care.

ITS PURPOSE:
To improve the health of people who might otherwise go without medical care for themselves and their children.

Medicaid is actually **A SEPARATE PROGRAM** in each state and territory.



Medicaid was established by Congress in 1965 as part of the SOCIAL SECURITY ACT.

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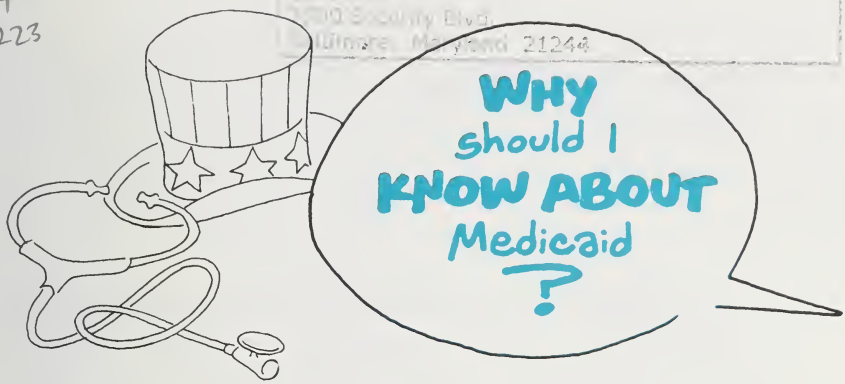


Because:

YOU MAY NEED IT

You may have high medical bills, an unexpected drop in income, etc. Or you may need Medicaid now.

YOU HELP PAY FOR IT

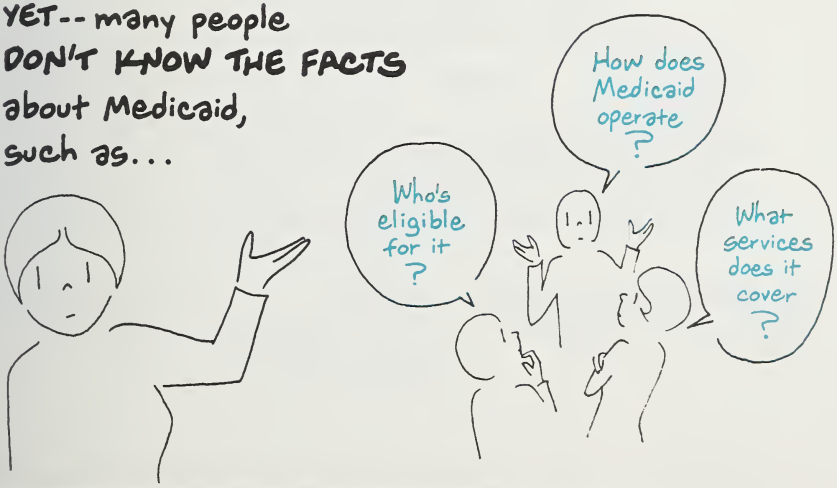
You pay through

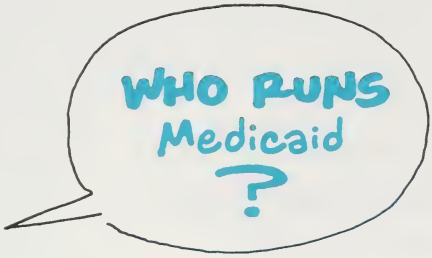
- federal income taxes
- state taxes (income, sales taxes, etc.)
- local taxes (property tax, etc.)

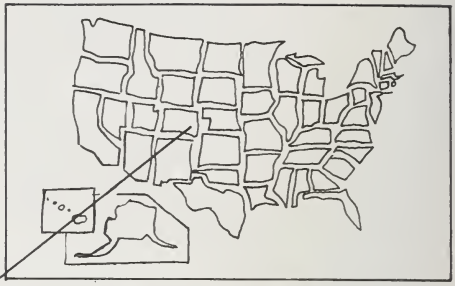
EVERYONE BENEFITS FROM IT

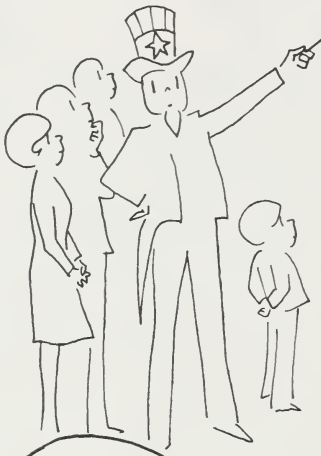
Directly or indirectly, Medicaid helps all Americans by reducing disease and disability.

YET-- many people **DON'T KNOW THE FACTS** about Medicaid, such as...







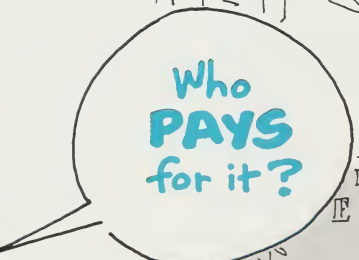


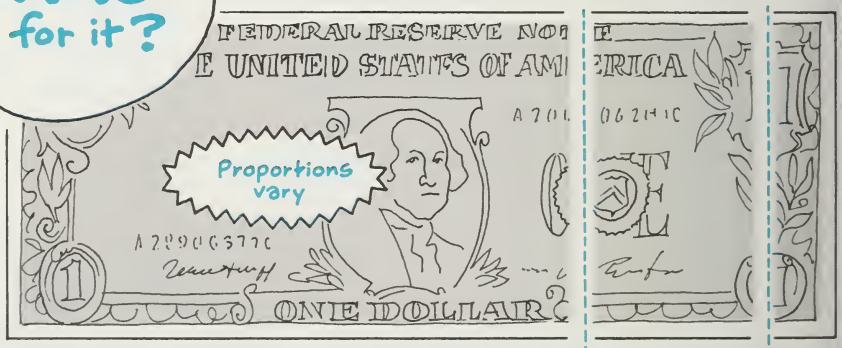
EACH PARTICIPATING STATE
(plus the Virgin Islands, Puerto Rico, the District of Columbia, Guam, and the Northern Mariana Islands)

designs and runs its own program through a:

- STATE WELFARE OFFICE
- PUBLIC HEALTH OFFICE
- SOCIAL SERVICE OFFICE, or
- STATE MEDICAID OFFICE.

YOU CAN FIND OUT
about your state's plan at your local public health or welfare office.





THE FEDERAL GOVERNMENT
pays over half of all Medicaid costs -- 55% nationally.

STATES
pay 22% (poorest state) to 50% (richer states) of costs.

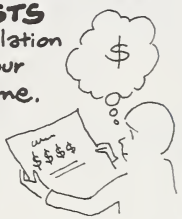
LOCAL TAX FUNDS
contribute in some areas.

ANYONE MAY APPLY FOR MEDICAID

It's especially important for you to apply if:

You have **DEPENDENT CHILDREN** and your income is low.

You have **HIGH MEDICAL COSTS** in relation to your income.



You are **AGED, BLIND** or **DISABLED** with little or no income.

HOW TO APPLY

You must complete a **FORM** provided by the state.

(Information is confidential.)

Where to go

ASK AT YOUR LOCAL WELFARE OR SOCIAL SECURITY OFFICE.

In most states you can apply at your local state welfare, public health, or social service agency.

In some states, aged, blind and disabled people can apply through the local Social Security office.

What to bring

YOU'LL NEED PROOF OF:

- INCOME LEVEL (pay stubs, other evidence of your income and that of relatives living with you -- also bankbooks, other evidence of savings or assets)
- U.S. CITIZENSHIP
- PERSONAL CIRCUMSTANCES (proof of age, unemployment, absence of one parent, etc.)
- DISABILITY, if any (bring medical records).

The state must make a decision about your eligibility within 45 days -- 60 days if you're disabled.

If you apply through the Supplemental Security Income Program (SSI) there's no time limit.

You also have the right to appeal the state's decision.

WHO'S ELIGIBLE for Medicaid ?

These people are eligible for state Medicaid programs by federal law:

PEOPLE RECEIVING AFDC

(Aid to Families with Dependent Children)

- **IN ALL STATES** those receiving cash assistance through AFDC qualify.
- **ALSO INCLUDED** are individuals deemed to be AFDC recipients.

(In certain cases, children under 5 years of age and pregnant women are also eligible.)

AGED, BLIND OR DISABLED PERSONS

- **IN MOST STATES** * people receiving cash benefits from the SUPPLEMENTAL SECURITY INCOME PROGRAM (SSI) because of age, blindness or disability.
- **IN OTHER STATES** ** people who meet certain STATE STANDARDS for disability, income and resources which are stricter than federal SSI standards.

* Alabama, Alaska, Arizona, Arkansas, California, Colorado, Delaware, District of Columbia, Florida, Georgia, Idaho, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Montana, Nevada, New Jersey, New Mexico, Northern Mariana Islands, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Vermont, Washington, West Virginia, Wisconsin, Wyoming

** Connecticut, Guam, Hawaii, Illinois, Indiana, Minnesota, Mississippi, Missouri, Nebraska, New Hampshire, New York, North Carolina, North Dakota, Ohio, Oklahoma, Puerto Rico, Utah, Virgin Islands, Virginia

Other people may be included in state Medicaid programs.*

PEOPLE WHOSE INCOME AFTER MEDICAL EXPENSES

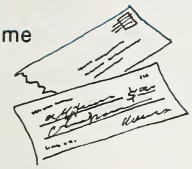
is below a certain level set by their state, even though they do not qualify for AFDC or SSI. They are termed "medically needy."

PEOPLE IN MEDICAL INSTITUTIONS

whose income covers their needs, but who would be eligible for cash assistance if living in the community.

PEOPLE WHO RECEIVE APPROVED STATE SUPPLEMENTARY PAYMENTS

provided their income is not more than 3 times the level of SSI benefits.



PEOPLE WHO WOULD BE ELIGIBLE BUT HAVE NOT APPLIED

for AFDC, SSI or state supplementary payments.

PEOPLE WHO WOULD BE ELIGIBLE FOR AFDC except:

- their state's program is not as broad as the Social Security Act allows (for example, to families with unemployed parents).
- they are not considered "dependent children" (for example, people between 18 and 21 who meet income limits but live independently).
- they receive child-care services through an agency, but would meet income requirements if they had to pay for it.

* Some of the above groups are covered in:

Arkansas	Hawaii	Maryland	New Hampshire	Pennsylvania	Virgin Isands
California	Illinois	Massachusetts	New York	Puerto Rico	Virginia
Connecticut	Kansas	Michigan	North Carolina	Rhode Island	Washington
District of Columbia	Kentucky	Minnesota	North Dakota	Tennessee	West Virginia
Guam	Louisiana	Montana	Northern Mariana Islands	Utah	Wisconsin
	Maine	Nebraska	Oklahoma	Vermont	

WHAT SERVICES does Medicaid provide?

Medicaid plans cove at least these

BASIC MEDICAL SERVICES

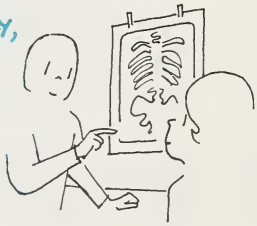
INPATIENT HOSPITAL SERVICES

-- room and board, operating room fees, delivery room, X-ray, lab tests, medication given during hospital stay, etc.

OUTPATIENT HOSPITAL SERVICES

-- treatment, X-rays, tests, etc.

OUTPATIENT LABORATORY, X-RAY SERVICES and RURAL HEALTH CLINICS



SKILLED NURSING SERVICES and home health services

for those 21 and over.

PHYSICIANS' SERVICES

-- physicians' charges for office visits, care given in hospitals, treatment in hospital outpatient departments.

FAMILY PLANNING SERVICES

Transportation to and from services must be assured.

In most states, for:

- people receiving federally funded (AFDC or SSI) assistance
- children under 5 years of age and pregnant women, in certain cases
- certain "medically needy" people as well (see page 7). (Coverage may not be as broad for federally-funded recipients.)

Amounts and duration of covered services may vary from state to state.

SPECIAL CHILD HEALTH SERVICES

or **EPSDT** (Early Periodic Screening, Diagnosis and Treatment) programs, including:

HEALTH CHECKUPS

-- to check GENERAL HEALTH

- Vision • Nutrition
- Growth and development
- Hearing • Dental health

-- to detect OTHER HEALTH PROBLEMS

- Heart or kidney disease • Tuberculosis
- Venereal disease • Ear, eye, nose, throat problems • Anemia and sickle cell anemia
- Parasites (worms, etc.) • Lead poisoning
- Drug abuse

IMMUNIZATIONS ("SHOTS")

to protect children against measles, polio, whooping cough, diphtheria, German measles, mumps, tetanus, etc.

DIAGNOSIS and TREATMENT

programs to find causes of and correct any health problems before they get worse.

Eyeglasses, hearing aids, dental care are paid for if needed.

· Needed treatment is paid for to the limits of the state's program.

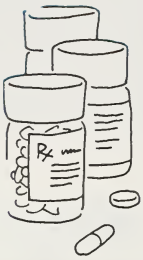
OTHER MEDICAL SERVICES

covered by some state Medicaid plans, though not required by federal guidelines:

PRESCRIPTION DRUGS

Covered for AFDC and SSI patients only in --

Alabama
Colorado
Delaware
Florida
Guam
Idaho
Indiana
Mississippi
Missouri
Nevada
New Jersey
New Mexico
Ohio
Pennsylvania
South Dakota



Covered also for "MEDICALLY NEEDY" in --

Arkansas
California
Connecticut
District of Columbia
Georgia
Hawaii
Illinois
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Montana
Nebraska
New Hampshire
New York
North Carolina
North Dakota
N.M. Islands
Oklahoma
Oregon
Rhode Island
South Carolina
Tennessee
Texas
Utah
Vermont
Virgin Islands
Virginia
Washington
West Virginia
Wisconsin

DENTAL SERVICES

Covered for AFDC and SSI patients only in --

Colorado
Florida
Guam
Indiana
Mississippi
Missouri
Nevada
New Jersey
New Mexico
Ohio
Pennsylvania
South Dakota
Wisconsin

NOTE: Some other states provide emergency dental services only.

Covered also for "MEDICALLY NEEDY" in --

Arkansas
California
Connecticut
Georgia
Hawaii
Illinois
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Montana
Nebraska
New Hampshire
New York
North Carolina
North Dakota
N. Mariana Islands
Oklahoma
Oregon
Rhode Island
South Carolina
Utah
Virginia
West Virginia

EYEGLASSES

Covered for AFDC and SSI patients only in --

Alabama
Alaska
Colorado
Florida
Guam
Indiana
Mississippi
Missouri
Nevada
New Jersey
New Mexico
Ohio
Rhode Island
Wisconsin

NOTE: Some other states provide eyeglasses only after eye surgery.

Covered also for "MEDICALLY NEEDY" in --

Arkansas
California
Connecticut
District of Columbia
Georgia
Hawaii
Illinois
Iowa
Kansas
Kentucky
Louisiana
Maryland
Massachusetts
Michigan
Minnesota
Montana
Nebraska
New Hampshire
New York
North Carolina
North Dakota
Northern Mariana Islands
Oregon
South Carolina
Tennessee
Texas
Utah
Vermont
Virgin Islands
Washington
West Virginia

In some states, these services may also be covered for certain groups of people in institutions; people who are eligible for AFDC or SSI -- but have not applied; and others described on p. 7.

Here are some other services your state may cover for **SOME** or **ALL** Medicaid recipients.

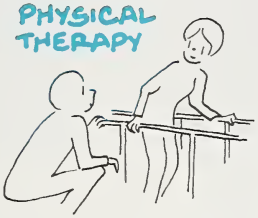
CLINICS

PROSTHETIC DEVICES

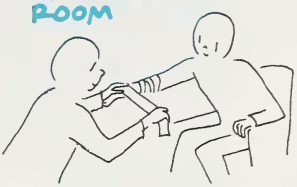
such as pacemakers, artificial limbs.

PRIVATE DUTY NURSING

PHYSICAL THERAPY

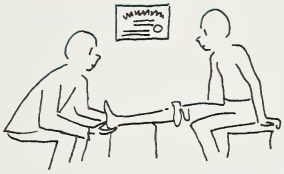


EMERGENCY ROOM



OPTOMETRISTS

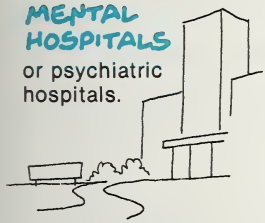
PODIATRISTS



CHIROPRACTORS

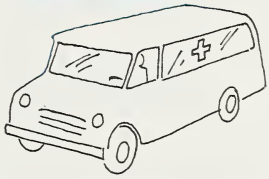
MENTAL HOSPITALS

or psychiatric hospitals.



INTERMEDIATE CARE FACILITIES

AMBULANCE SERVICES



CHECK with your local public health or social service office to see what services <u>your</u> state covers.

Medicaid and Medicare--what's the difference?

MEDICAID

Assistance Program

Medical bills are paid from federal, state and local tax funds.

It serves low-income people of EVERY AGE.

Patients usually pay NO PART of costs

for covered medical expenses. A small co-payment is sometimes required.

A FEDERAL-STATE program,

it varies from state to state. It's run by state governments within federal guidelines.

MEDICARE

Insurance Program

Medical bills are paid from trust funds which those covered have paid into.

It serves people OVER 65 primarily,

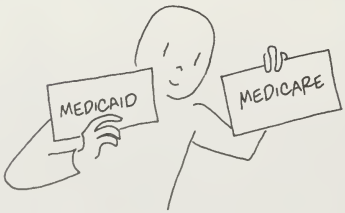
whatever their income; and serves younger disabled people and dialysis patients.

Patients PAY PART of costs

through deductibles for hospital and other costs. Small monthly premiums are required for non-hospital coverage.

A FEDERAL program,

it's the same everywhere in the U.S. It's run by the federal government.



Some people are covered by both Medicare and Medicaid.

Medicaid pays their Medicare premiums and deductibles. It also pays those parts of medical expenses not covered by Medicare but included in the state's Medicaid program.

Some questions and answers about

MEDICAID ELIGIBILITY

Is there a RESIDENCY REQUIREMENT?

ANY RESIDENT of a state may qualify for Medicaid. It is not necessary to live in the state for a set period of time, but the individual must intend to remain in the state.

People who travel often should apply in the state where they usually live, and to which they intend to return.

How are INCOME LEVELS for eligibility determined?

EACH STATE sets a figure for the minimum cost of the basic necessities (adjusted for family size).

Those whose available family income is beneath Medicaid standards may be eligible.

What if I own a HOUSE or CAR?

This will NOT generally affect your eligibility.

Usually a house or automobile of reasonable value and limited amounts of other property are not counted in determining income level.

More questions and answers

When does coverage END?

In general, at the end of the month in which a change of circumstance makes a person ineligible.

Some exceptions:

- AFDC families whose earned income rises above eligibility level are covered for 4 months after AFDC payments stop.
- Disabled recipients who return to work can get temporary continued coverage until it is determined they are really able to support themselves.

WHEN does coverage BEGIN?

Up to three months before the month of application, if applicant is eligible.

What about FRAUD?

Medicaid has been abused by

- recipients lying about income or circumstances
- physicians charging for services not given or billing recipients for services paid for by Medicaid
- hospitals giving more expensive services than ordered, etc.

An estimated 5% of Medicaid expenditures are wasted on fraudulent or unreasonable payments. Tighter management and stricter investigation should cut losses in the future. Report any irregularities to your state's Medicaid office.

Soo--

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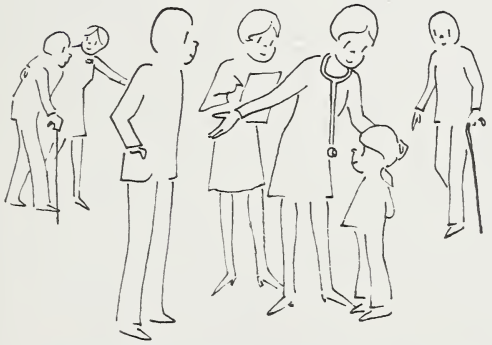
MEDICAID

- **BRINGS GOOD HEALTH CARE** to millions of Americans who would suffer without it.
- **HELPS BREAK THE VICIOUS CIRCLE** that keeps the poor sick and the sick poor.
- **SAVES MONEY** through early detection and treatment of disease, especially in children.



Medicaid benefits all of us by improving the availability of health services in the U.S.

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